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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention

As the below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, or
 Application No. _____, filed on _____,
 as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

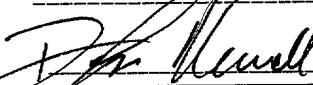
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

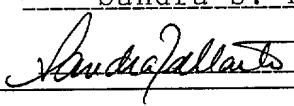
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

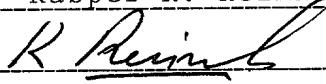
Inventor one: Darren L. Newell

Signature:  Citizen of: Canada

Inventor two: Sandra S. Ballarte

Signature:  Citizen of: Canada

Inventor three: Kasper K. Reinink

Signature:  Citizen of: Canada

Inventor four: _____

Signature: _____ Citizen of: _____

Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

	Application Number	
	Filing Date	
	First Named Inventor	Newell
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	583P20US-1

I hereby appoint:

Practitioners at Customer Number

Place Customer -
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Harold C. Baker	19333
Robert A. Wilkes	28170
Robert G. Hendry	22927

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen				
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Address	Station D				
City	Ottawa	State	ON	Zip	K1P 6P1
Country	Canada				
Telephone	613-232-5300	Fax	613-563-9231		

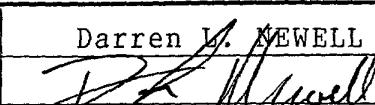
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Darren L. NEWELL
Signature	
Date	December 21, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen				
Address	P.O. Box 3440				
Address	Station D				
City	Ottawa	State	ON	Zip	K1P 6P1
Country	Canada				
Telephone	613-232-5300	Fax	613-563-9231		

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Kasper K. REININK
Signature	<i>K. Reinink</i>
Date	21 DEC 2001

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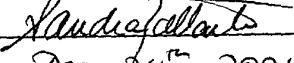
<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen
Address	P.O. Box 3440
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	Fax 613-563-9231

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SIGNATURE of Applicant or Assignee of Record

Name	Sandra S. BALLARTE
Signature	
Date	Dec 24 th , 2001

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